

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001033**

1. Entity Name

**THE OUTPATIENT CENTER OF BOYNTON BEACH, LTD.**

Principal Place of Business

**2351 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435**

Mailing Address

**2351 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0440864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MENKHAUS, DAVID F**

**4800 NORTH FEDERAL HIGHWAY, SUITE 210-A  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S29586**  
NAME **TRALIS, INC.**  
STREET ADDRESS **2351 SOUTH SEACREST BOULEVARD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**600004422416--4**

**06/15/01 01057-030**

**\*\*\*535.00 \*\*\*535.00**

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY 29 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJM**

CR2E003 (11/00)